

**PUBLIC SAFETY TRAINING INSTITUTE  
BASIC 911 REGISTRATION FORM**



**PUBLIC SAFETY  
TRAINING INSTITUTE, LLC**

**COURSE DATES:  
September 20<sup>TH</sup> 2021 – September 24<sup>TH</sup> 2021**

**911 RECRUITMENT FAIR  
MONMOUTH COUNTY SHERIFF'S OFFICE**

**ENTER NAME: LAST NAME, FIRST NAME, MIDDLE INITIAL BELOW:**

**ENTER SSN**

**ENTER EMAIL ADDRESS BELOW:** (LAST 4) ABOVE

**ENTER HOME ADDRESS, MUNICIPALITY, STATE AND ZIP BELOW:**

**COURSE PRE-REQUISITE DOCUMENTATION AND RECORD OF ATTENDANCE  
(TO BE COMPLETED BY LEAD INSTRUCTOR)**

<b>PRE-REQUISITE DOCUMENTATION MUST BE PROVIDED PRIOR TO A CERTIFICATION BEING ISSUED</b>			
	<b>YES</b>	<b>NO</b>	
<b>CURRENT CPR CERTIFICATION (COPY ATTACHED)</b>	<input type="checkbox"/>	<input type="checkbox"/>	IF NO, EXPLAIN
<b>BASIC TELECOMMUNICATOR TRAINING CERTIFICATION (COPY ATTACHED)</b>	<input type="checkbox"/>	<input type="checkbox"/>	ENTER COURSE NUMBER

<b>EMERGENCY MEDICAL DISPATCH TRAINING COURSE</b>								
<b>MODULE #1</b>			<b>MODULE #2</b>			<b>MODULE #3</b>		<b>LEAD INSTRUCTOR'S NAME</b>  NAME OF LEAD INSTRUCTOR
<b>UNIT I</b>	<b>UNIT II</b>	<b>UNIT III</b>	<b>UNIT I</b>	<b>UNIT II</b>	<b>UNIT III</b>	<b>UNIT I</b>	<b>UNIT II</b>	
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(INITIAL COMPLETED UNITS, PLACE X IN INCOMPLETE UNITS)